

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561344

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		①				
6	1					
7		1				
8		1				
9		3				
10	1					
11		1				
12	1					
13		1				
14		2				
15		2				
16	1					
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20	1					
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28	1					
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30	1					
31		1				
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33		1				
34		4				
35		4				
36	1					
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40		4				
41		4				
42	1					
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44	1					
45		1				
46		1				
47		1				
48	1					
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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100						
TOTAL IND.	75	↓		↓		↓
TOTAL DEP.	58	←		←		←
TOTAL CLAIMS	73					

PTO-1340 (REV. 11/04)

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